

<i>SERFF Tracking Number:</i>	<i>UHLC-127566152</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>UnitedHealthcare Insurance Company</i>	<i>State Tracking Number:</i>	<i>49732</i>
<i>Company Tracking Number:</i>	<i>DGBSAMD.06 REV. 07/11</i>		
<i>TOI:</i>	<i>H10G Group Health - Dental</i>	<i>Sub-TOI:</i>	<i>H10G.000 Health - Dental</i>
<i>Product Name:</i>	<i>Group Dental</i>		
<i>Project Name/Number:</i>	<i>International Benefits Amendment/</i>		

Filing at a Glance

Company: UnitedHealthcare Insurance Company

Product Name: Group Dental

SERFF Tr Num: UHLC-127566152 State: Arkansas

TOI: H10G Group Health - Dental

SERFF Status: Closed-Approved-
Closed State Tr Num: 49732

Sub-TOI: H10G.000 Health - Dental

Co Tr Num: DGBSAMD.06 REV. State Status: Approved-Closed
07/11

Filing Type: Form

Reviewer(s): Rosalind Minor
Authors: Jayne Jackowski, Lynn
Disposition Date: 09/13/2011

Powers

Date Submitted: 09/07/2011

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: International Benefits Amendment

Status of Filing in Domicile:

Project Number:

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Large

Group Market Type:

Overall Rate Impact:

Filing Status Changed: 09/13/2011

State Status Changed: 09/13/2011

Deemer Date:

Created By: Jayne Jackowski

Submitted By: Jayne Jackowski

Corresponding Filing Tracking Number:

Filing Description:

We respectfully submit this form for your formal approval. This is a new form and is not intended to replace any forms previously filed with the Department.

This amendment form is being filed for large groups as allowed by state law who want to provide dental benefits to employees who are outside the United States. The amendment form makes changes and revisions to our previously filed and approved policy and certificate in order to provide these benefits. The amendment form will be used in conjunction with our previously approved policy DPOL.06 (11/15/2006), et al., approved by your Department on

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February 5, 2007. Once approved, this form will be used to support the issuance of our portfolio of group dental products offered in your state.

These materials represent final printed format (with the exception of variable text and corresponding instructions. Certain provisions have been [bracketed] to indicate they are variable and other provisions have been {bracketed} to indicate they are variable by omission. You have our assurance that only variable areas will be changed and or omitted.

We would like to reserve the right to build the amendatory language into the Policy/Certificate or leave it in the amendment format, whichever we deem most appropriate for the group.

Company and Contact

Filing Contact Information

Jayne Jackowski, Senior Specialty Product Analyst
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 800-232-5432 [Phone] 14405 [Ext]
 Green Bay, WI 54313
 920-661-9861 [FAX]

Filing Company Information

UnitedHealthcare Insurance Company
 185 Asylum Street
 Hartford, CT 06103
 (860) 702-5000 ext. [Phone]
 CoCode: 79413
 Group Code: 707
 Group Name:
 FEIN Number: 36-2739571
 State of Domicile: Connecticut
 Company Type: Life and Health
 State ID Number:

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
UnitedHealthcare Insurance Company	\$50.00	09/07/2011	51306658

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	09/13/2011	09/13/2011

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Disposition

Disposition Date: 09/13/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Form	International Benefits Dental Rider	Approved-Closed	Yes

SERFF Tracking Number: UHLC-127566152 State: Arkansas

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TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental

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Form Schedule

Lead Form Number: DGBSAMD.06 Rev. 07/11

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 09/13/2011	DGBSAMD .06 Rev. 07/11	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	International Benefits Initial Dental Rider				DGBSAMD.0 6 7-11.pdf

International Benefits Dental Rider

UnitedHealthcare Insurance Company

¹Include when International Benefits are available to Key Local Nationals.

²Include when International Benefits are available to Enrolled Dependents.

This Rider to the Policy provides benefits for Covered Dental Services that are provided outside the United States to Subscribers who are Expatriates {¹or Key Local Nationals} {²and to their Enrolled Dependents}.

International Benefits

¹Include when International Benefits are available to Key Local Nationals.

²Include when International Benefits are available to Enrolled Dependents.

We will pay benefits for Covered Dental Services provided by or under the direction of a Dentist to Subscribers who are Expatriates {¹or Key Local Nationals} {²and to their Enrolled Dependents}.

Include when International Benefits are available only within the country or geographic region to which the Expatriate has been sent on assignment. ¹Include when International Benefits are also available to Key Local Nationals. ²Include when this limit applies also to Enrolled Dependents. ³Include only when the Expatriate's home country is not the United States. ⁴Select either country or geographic region.

{International Benefits are available only for Covered Dental Services provided to the {¹Expatriate} Subscriber {²and to their Enrolled Dependents} {³within the Expatriate's home country or} within the {⁴country} {⁴geographic region} to which the Expatriate has been sent on assignment.}

Include when International Benefits are available for Enrolled Dependents only when they reside with the Expatriate in the country to which the Expatriate has been sent on assignment. ¹ Include when International Benefits are also available to Key Local Nationals.

{International Benefits are available for Enrolled Dependents {¹of Expatriate Subscribers} only when the Enrolled Dependent resides with the Expatriate in the country to which the Expatriate has been sent on assignment.}

Include when International Benefits are available to Key Local Nationals.

¹Include when International Benefits are available for Enrolled Dependents.

[International Benefits are only available for Covered Dental Services provided to the Key Local National Subscriber [¹and to their Enrolled Dependents] within the Key Local National's home country.]

Definitions

The following definitions apply to the provisions of this rider:

¹Include when International Benefits are available to Key Local Nationals.

Eligible Person - an employee of the Enrolling Group or other person whose connection with the Enrolling Group meets the eligibility requirements specified in both the application and the Policy. An Eligible Person must be an Expatriate [¹or a Key Local National].

Expatriate - an Eligible Person who is sent on assignment outside his or her own country, as agreed upon between the Enrolling Group and us.

Experimental, Investigational or Unproven Services - medical, dental, surgical, diagnostic, or other health care services, technologies, supplies, treatments, procedures, drug therapies or devices that, at the time the Company makes a determination regarding coverage in a particular case, is determined to be:

- A. Not approved by the U.S. Food and Drug Administration (FDA) to be lawfully marketed for the proposed use and not identified in the American Hospital Formulary Service or the United States Pharmacopoeia Dispensing Information as appropriate for the proposed use; or
- B. Subject to review and approval by any institutional review board for the proposed use; or
- C. The subject of an ongoing clinical trial that meets the definition of a Phase 1, 2 or 3 clinical trial set forth in the FDA regulations, regardless of whether the trial is actually subject to FDA oversight; or
- D. Not demonstrated through prevailing peer-reviewed professional literature to be safe and effective for treating or diagnosing the condition or illness for which its use is proposed.

Exceptions:

When medical, dental, surgical, diagnostic, and other health care services, technologies, supplies, treatments, procedures, drug therapies and devices are provided outside the United States, the determination of status as an Experimental, Investigational or Unproven Service will be made in our reasonable judgment based on clinical standards that apply within the country in which the service is provided and relevant regulatory review processes and requirements.

International Benefits - this is the description of how benefits are paid for Covered Dental Services provided by or under the direction of a Dentist outside the United States.

Include when International Benefits are available to Key Local Nationals.

[Key Local National - an Eligible Person that works and resides within their country of citizenship and who the Enrolling Group has determined is eligible under the Policy as a condition of their employment and/or because they are essential to the management of their work country's operation.]

Include introductory sentence and provision(s) below when claims payment restrictions apply.

{The following provision regarding claims payment applies to International Benefits as provided by this rider:}

{Claims

How Claims will be Paid

We make all payments, in our discretion, in one of the following ways:

- In the currency of the invoices relating to the claim.
- In U.S. dollars.
- In the currency of your choice.

It is your responsibility to pay any charges which are not eligible for payment under the Policy.

How Exchange Rates will be Calculated

If it is necessary to make a conversion from one currency to another, we will use the mid-market exchange rate in effect on the date of service.}

Benefits

International Benefits are provided under this Rider for the Covered Dental Services identified in the *Schedule* and as described in more detail in the *Certificate* under *Section [11]: Covered Dental Services*. International Benefits are subject to all other terms, conditions, exclusions and limitations of the Policy, *Certificate* and *Schedule of Benefits* unless otherwise modified by this Rider.

Eligible Expenses for International Benefits

Eligible Expenses for International Benefits are the amount we determine that we will pay for benefits described in this Rider. Eligible Expenses are determined solely in accordance with our reimbursement policy guidelines.

When Covered Dental Services are received from a provider outside the United States, Eligible Expenses are determined, at our discretion, based on the following:

- Any applicable contracted or negotiated fee(s) with that provider.
- If the fees are not contracted or negotiated with the provider, then the Eligible Expenses will be representative of the average and prevailing charge for the same dental service in the same or similar geographic communities where the Covered Dental Service is rendered.
- In all circumstances, the charges shall not exceed the fees that the provider would charge any other party for the same dental service.

Exclusions and Limitations for International Benefits

Exclusions stated in the Certificate under Section [12]: General Exclusions apply to International Benefits described in this Rider except as modified below.

International Benefits are provided only to the extent that provision of insurance is permitted under the applicable U.S. economic or trade sanctions, and claims submitted under the Policy could be delayed or denied if the required license or other authorization cannot be obtained from the U.S. Government.

Remove exclusion [HH] when foreign services are covered. ¹Remove if Foreign Services are not covered even in an Emergency.

[HH]. Foreign Services are not Covered {¹unless required as an Emergency}.

Include and complete when the Participating Employer chooses to exclude coverage by country or geographic region.

[KK.] {Dental Services provided in the following [countries] [geographic regions]:

- [North Korea.]
- [Cuba.]
- [_____.]

This amendment is subject to applicable terms and conditions of the Policy. All other provisions of the Policy remain unchanged.

{Effective Date of this Amendment: [_____]}

UNITEDHEALTHCARE INSURANCE COMPANY

(Name and Title)

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Supporting Document Schedules

	Item Status:	Status
		Date:
Satisfied - Item: Flesch Certification	Approved-Closed	09/13/2011
Comments:		
Attachment:		
Dental Readability Certification.pdf		

	Item Status:	Status
		Date:
Satisfied - Item: Application	Approved-Closed	09/13/2011
Comments:		
The following applications were approved with Policy DPOL.06 (11/5/2006) on 2/5/07:		


D-APP (10/2006) Employer Application Group Dental
D-ENROLL-ER (10/2006) Enrollment Form Group Dental
DV-APP (10/2006) Employer Application Group Dental & Vision
DV-ENROLL-ER (10/2006) Enrollment Form Group Dental & Vision

**CERTIFICATION OF COMPLIANCE
FOR
READABILITY**

<u>Form Number(s)</u> DGBSAMD.06 Rev. 07/11	<u>Flesch Readability Score</u> 51.7
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I hereby certify on behalf of **UnitedHealthcare Insurance Company** that the above Flesch Scale Analysis Readability Score is accurate, based on the computer program used to calculate the scores, and comply with the readability requirements in your state.

Signature



Print Name

Juanita B. Luis

Title

Assistant Secretary
UnitedHealthcare Insurance Company

Date

September 7, 2011